

**VOLUNTEER FIREFIGHTER
ANNUAL PHYSICAL SUMMARY**

Volunteer Firefighter's Name: _____

Date Examined: _____ Department Physician: _____

Physician's Phone Number: _____

VOLUNTEER FIREFIGHTER MEDICAL QUALIFICATION: *The examination of this employee must include a complete physical examination at a level of specificity in accordance to 2013 NFPA 1582 guidelines with the purpose of determining whether there is any medical or physiological reason that may impair the individual's ability to perform the essential functions of firefighting.*

(Check One)

- MEDICALLY QUALIFIED:** Based on the results of the annual medical examination, I find this individual to be **QUALIFIED** under OSHA 1910.134, regulations and the guidelines set forth by 2013 edition of NFPA 1582.

- NOT MEDICALLY QUALIFIED:** Based on the results of the annual medical examination, I find this individual is **NOT QUALIFIED** under OSHA 1910, 134 regulations and the guidelines set forth by 2013 edition of NFPA 1582.

Physician's Signature

Date